LOS ANGELES COUNTY – DEPARTMENT OF MENTAL HEALTH
REVENUE MANAGEMENT DIVISION

Healthy Way LA Enrollment Process Overview
Legal Entity Contract Provider

Clinic staff:

- Meet with the client, complete a Medi-Cal eligibility check, and determine if the client is currently enrolled in HWLA by phoning HWLA Member Services @ 1-877-333-4952 or completing an YBN search.

- Verify that the client potentially meets all eligibility criteria by completing Page 1 of the HWLA Pre-Screening Checklist. Eligibility criteria are:

    - ✓ Not pregnant
    - ✓ Does not have custody of any minor children
    - ✓ Does not have Medi-Cal or SSI: *Note: a HWLA application can be taken concurrently with a Medi-Cal application for disability or blindness only or a SSI application*
    - ✓ Age 19-64
    - ✓ U.S. Citizen or Legal Permanent Resident for 5 years
    - ✓ Los Angeles County resident
    - ✓ Income at or below 133% of Federal Poverty Level
    - ✓ Has an Open Episode in the Department of Mental Health Integrated System

- Obtain all appropriate documentation as indicated on page 2 of the HWLA Pre-Screening Checklist, and completes page 2 of the HWLA Pre-Screening checklist.

- Providers should purchase a stamp with which to stamp photocopies of citizenship and identity documents that will be uploaded to YBN. The stamp should read:

    Original Document Seen
    By: _____
    Date:_____

- Verify that all required documents are originals (no copies).

- Make copies of the above documentation and place the copies in either the client's clinical or financial chart and scan stamped copies for uploading to YBN.

- Do not submit original citizenship or identity documents. Stamp copies of the documents with the "Original Document Seen" stamp and complete the "By" and "Date" fields.

- Upload the following documentation into the YBN application:

    - ✓ Proof of Citizenship or Legal Permanent Residency
    - ✓ Proof of Los Angeles County residency
    - ✓ Proof of identity
    - ✓ Proof of income
    - ✓ Earned Income Deduction Form (if appropriate)
    - ✓ Current Payer Financial Information (PFI) form